



## SCHOOL OF HORTICULTURE APPLICATION

FIRST NAME		LAST NAME	
MAILING ADDRESS			
HOME PHONE		WORK PHONE	
MOBILE PHONE		EMAIL	
<b>EDUCATION:</b>			
ACADEMIC INSTITUTION	DIPLOMA/DEGREE	YEAR ATTAINED	
<b>REQUIRED COURSES:</b>			
COURSE	GRADE	COURSE TITLE & CODE	FINAL MARK (%)
Mathematics	12		
English	12		
Biology	11 or 12		
Chemistry	11 or 12		
<b>HORTICULTURAL EXPERIENCE:</b>			
EMPLOYER (MOST RECENT FIRST)		DATE OF EMPLOYMENT	POSITION HELD
APPLICANT'S SIGNATURE			DATE

(The personal information on this application is collected under the authority of The Niagara Parks Act, R.S.O. 1980, c.317, as amended by S.O. 1983, c.38, S4(j) and will be used to assess your qualifications.)

**INCLUDE WITH THIS APPLICATION (CHECKLIST):**

	Resume		Two letters of reference <b>(employment oriented)</b>		Official Academic Transcript(s) <b>(photocopies will not be accepted)</b>
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Return **COMPLETE APPLICATION PACKAGE** (Application Form (signed and dated), Resume, Two Letters of Reference, and Official Transcripts) by June 30th of current year to:

ADMISSIONS, NIAGARA PARKS COMMISSION SCHOOL OF HORTICULTURE, BOX 150, NIAGARA FALLS, ON, L2E 6T2

For inquiries contact: (905) 356-8554 ext. 6201 or schoolofhorticulture@niagaraparks.com

**(FOR OFFICE USE ONLY)**

Resume		Reference Letters		Transcripts		Interview Date & Time	
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